

FINAL TECHNICAL REPORT / RAPPORT TECHNIQUE FINAL TRANSPARENCY AND OPEN DATA IN CLOSING GENDER PAY GAPS IN THE PUBLIC SECTOR: SUPPORTING OPEN FEMINIST GOVERNMENT

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supporting open feminist government



Transparency and Open Data in Closing Gender Pay Gaps in the Public Sector: Supporting Open Feminist Government

Final report

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About the Open Data Charter

The Open Data Charter (ODC) works to open up data based on a shared set of principles to promote that governments collect, share, and use well-governed data, to respond effectively and accountably to our most pressing social, economic, and environmental challenges.

Introduction

The gender pay gap is a key obstacle to creating more equitable societies. Its roots are found in systemic discrimination that reinforces disadvantages faced by women and girls in the labor force and society. Where data is available, women's earnings have been found to lag behind men ([ILO 2018](#)). Factors such as a disproportionate burden of unpaid care work; sex segregation in specific occupations or sectors of the economy; and gender bias in recruitment practices, serve to disadvantage women and girls in societies around the world.

The ODC submitted a research project to IDRC to understand how gender pay gaps can be closed and how to improve access and usage of data on the issue. This is aimed at supporting action by policymakers and other stakeholders, with a particular focus on the Global South.

Three objectives were established to guide the research process and outcomes:

1. To map the existing policies and initiatives that publish data on pay gaps and identify data sources focused on LMICs that can be improved to reflect and address gender pay gaps.
2. To develop a case study of how the City of Buenos Aires in Argentina is addressing pay gap reporting that will ground test findings.
3. To identify policy entry points and influence commitments for addressing gender pay gaps in the public sector workforce, with a focus on countries in the global South.

For Objective 1, ODC in partnership with the [Center for Global Development](#), produced and communicated a white paper that analyses low- and middle-income countries' efforts to bridge the gender pay gap within their workforces. For objective 2, created a case study for Buenos Aires City's Government efforts to increase gender equality, with a particular emphasis on the current work to build a Care Indicators System (CIS) that accounts for the socio economic distribution of paid and unpaid care duties in the City.. For Objective 3, ODC engaged the community to share findings that inspire others to collect and publish data to address gender gaps and improve gender equality.

In this report, we detail the following activities: :

Objective 1:

2. 4. Synthesis report reflecting (i) underlying desk research and stakeholder interviews, (ii) analysis of current efforts aimed at addressing gender pay gaps through data transparency and data sources focused on the public sector that can be better harnessed and interviews results, and (iii) resulting recommendations.

Output: The [white paper](#) can be accessed here, reported in the previous [IDRC report](#).

Objective 2:

2.4. Conduct a series of online workshops and key informant interviews with diverse stakeholders to discuss the opportunities and challenges of building a culture of pay transparency in Buenos Aires City to help inform related commitments in OGP Action Plans. This will also include peer exchange opportunities with key actors from other LMIC to inspire recommendations based on their experiences from diverse contexts that can lead to scalable solutions.

2.5. Develop and publish a report with context specific recommendations for OGP gender pay gap commitments, including top lessons from the case study to help monitor progress and support implementation by a local coalition of partners.

Output: The [Buenos Aires City's Case Study](#) including key takeaways from stakeholder and data ecosystem mapping, power analysis, key informant interviews, workshops and stakeholder engagement to explore the opportunity of supporting a potential OGP commitment in a second phase. See annex below.

Objective 3:

3.1. Collaborate with OGP gender team to present research and recommendations as part of the FOGO coalition and the Break the Roles campaign with targeted government champions

3.2. Engage with local and/or regional coalitions (such as the Action Coalition for Economic Justice and Rights from the UN Generation Equality Forums or the African Women's Development and Communications Network -FEMNET-) to include their recommendations and insights in the proposed outputs and showcase the project's recommendations.

3.3. Share findings, case study and documents with relevant stakeholders such as EPIC, and campaigns such as the International Women's Day 2021, the Open Gov Week 2021 or the UN Generation Equality Forums.

3.4. Prepare communications pieces to share in social media (images/flyers with key findings from research, spot videos with key actors and messages, etc).

Output: First blog about [CGD's white paper](#) and the second [blog](#) with emerging learnings from Buenos Aires' Data Collaboration.

Output 2: Participation in online dialogues and or events related to gender equality sharing lessons and presenting outputs from the project. See below activity 3.2

Project timeline

Below we provide an outline of key activities that occurred during the project.

	Event/Activity
May 2021	White paper published with Center for Global Development
June 2021	Workshops conducted on 3 groups of categories of care
22 July 2021	Case study presentation to City of Bogota
18 September 2021	Launch of social campaign on International Equal Pay Day
September 2021	Presentation of OGP commitment template
November 2021	City of Buenos Aires case study report

Project Activities

Objective #1: To map the existing policies and initiatives that publish data on pay gaps and identify data sources focused on LMICs that can be improved to reflect and address gender pay gaps.

In May 2021, ODC partnered with the [Center for Global Development](#) on a research project investigating gender pay gaps in the public sector. The evidence¹ suggests that the public sector is a big employer of the global workforce which increases relatively in low and middle-income contexts. The public sector is a significant source of employment for women, but little is known about how women are paid relative to men in public sector jobs, let alone how policymakers can seek to eliminate gender pay gaps where they exist. Some of the findings and challenges from this report were provided in our previous progress report.


We shared *Unpacking Gender Gaps and Data Gaps in Public Sector Employment and Pay* in our social media channels, creating [Twitter cards](#) with key messages. The first of which

1


<https://www.cgdev.org/sites/default/files/unpacking-gender-gaps-and-data-gaps-public-sector-employment-and-pay.pdf>

was shared in May 2021. Twitter promotion was successful, with **one** tweet featuring a Twitter card becoming our top ranked media tweet in May with 8,265 impressions.

Top media Tweet earned 8,265 impressions



 Valuable insights from @CGDEV's **#policy** paper which studied the choices governments have made in their hiring and compensation decisions. **#payequity**
#publicservice

Read more: [medium.com/opendatacharte...](https://medium.com/opendatacharter/pic.twitter.com/URLfc0UnAj)
pic.twitter.com/URLfc0UnAj

 ODC
open data charter

Government is a major employer for women in low- and middle-income countries, especially in terms of quality jobs. Eliminating gender pay and employment gaps in the public sector would allow for meaningful progress towards the elimination of overall gender pay gaps, both directly and through modelling to private sector firms how to take effective actions in this regard.

Unpacking Gender Gaps and Data Gaps in Public Sector Employment and Pay Report by Ugonma Nwankwo, Megan O'Donnell and Charles Kenny

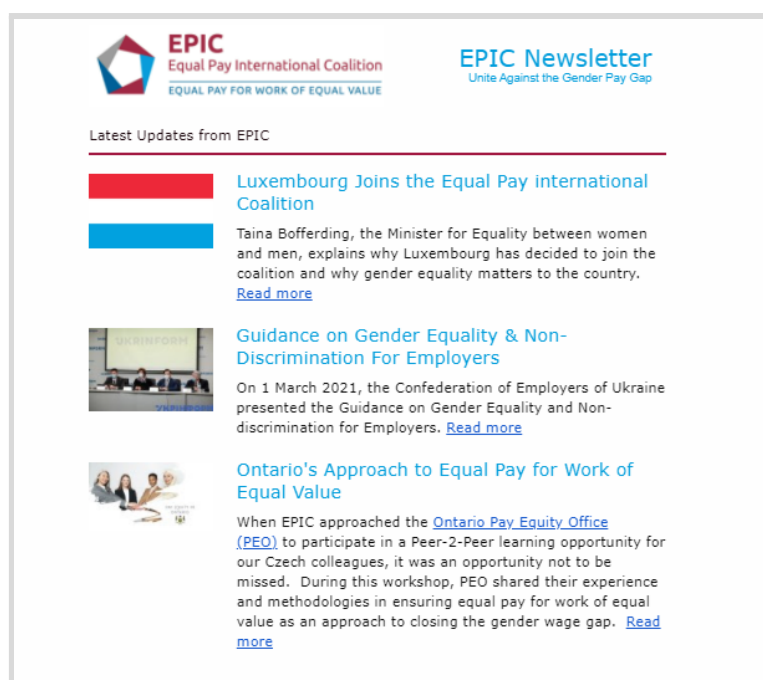
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On average, women are under-represented (compared to men) in public sector leadership, accounting for 47% of public paid employees but only 34% of senior officials across all countries in the data...

Unpacking Gender Gaps and Data Gaps in Public Sector Employment and Pay

We have also disseminated the report through our partner networks, including the Open Government Partnership, IDRC, and [EPIC](#) newsletters. The report was published on 28 June in the EPIC newsletter along with five other publications. The newsletter highlighted:

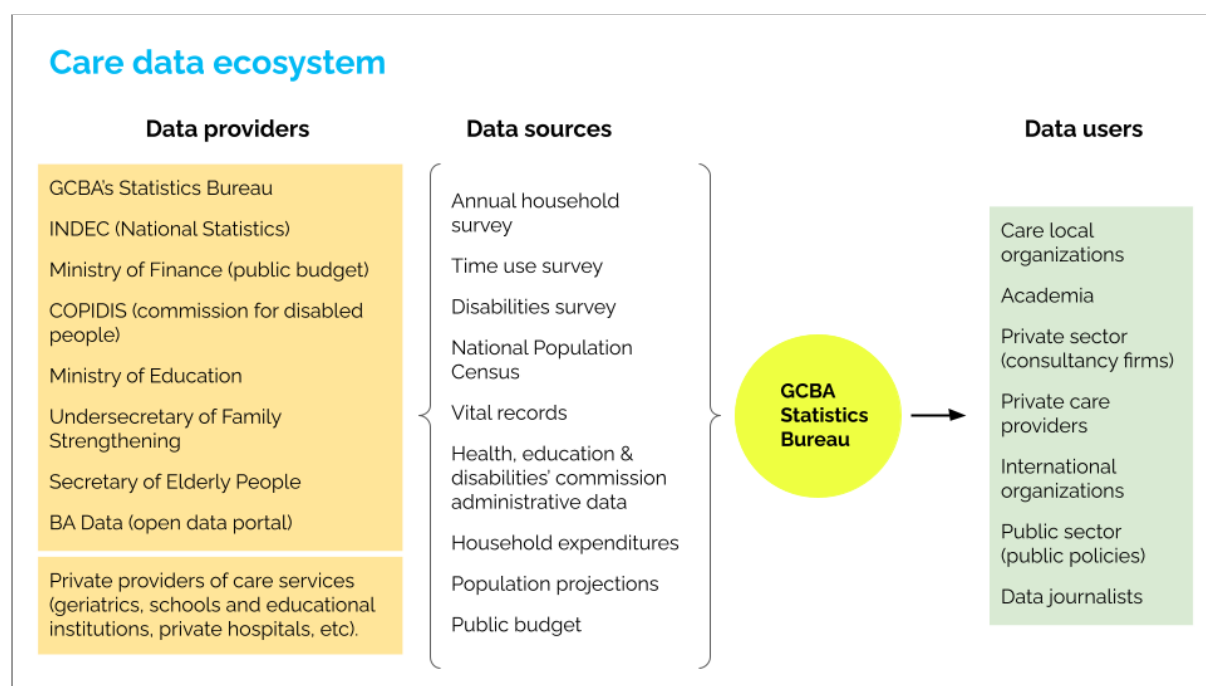
Equal pay for equal work may become a reality in Europe, as the European Union's new female leader takes advantage of a sea change in societal and corporate thinking about gender equality to realize a long unfulfilled goal. But what does it need to reach this goal? And why are analyzing remuneration structures and pay transparency key to achieve fair pay?



EPIC Quarterly Newsletter - June 2021

Objective #2: To develop a case study of how the City of Buenos Aires in Argentina is addressing pay gap reporting that will ground test findings.

The first step was detailed in our May 2021 progress report, which showed the mapping of the different stakeholders involved in the care economy. This stakeholder mapping identified their role in the ecosystem (data producers or users), sector (public, private, academia, etc), and potential to collaborate in the creation of an indicator system.



Additionally we reported in the previous report, the semi-structured interviews with six representatives from academia, civil society and international organisations interviewed to identify data sources and dimensions of analysis that contribute to the design and implementation of the indicator system. We questioned interviewees on the data sources used in their research on care in Argentina (particularly in the city of Buenos Aires) and their most frequently used indicators. Methodological approaches to constructing systems of care indicators were also investigated.

Workshops with three major groups of care

Having identified the stakeholders, we conducted [three workshops](#) in June 2021 following three major groups identified by the City of Buenos Aires in accordance with María Ángeles Durán workshops² that demand care: children, elderly and disabled people.

- **Children and adolescents:** includes persons aged 0-17 years with or without parental care.
- **Disabled people** (0 to 59 years old, 60 years old and over): people who are cared for or require support at home or in institutions.
- **Elderly people:** includes persons aged 60 and over who are cared for at home or in institutions.



The aim of the workshops was to present the conceptual and methodological organisation of the Buenos Aires Care Indicators System (CIS) and evaluate its usability, completeness, and areas for improvement; while identifying possible contributions of information sources by specialists. Non-governmental actors including from academia, civil society, and international organisations were present. Buenos Aires City government

² See previous progress report

public agencies were also present and participated in the review of the indicators proposed by GCBA's Statistics Bureau (DGEyC).

Each workshop was structured around two main questions:

- What dimensions and indicators would you like to see reflected that are not in the Care indicators System?
- What data could you contribute? What important source of information was not taken into account?

The following table presents some of the care supply indicators constructed in the framework of this project and presented in the workshops described below.³

Care supply indicators

Category	Indicator	Usage
Services provided by government	Service units (centres and annexes) at the pre-primary school of the shared modality in the public sector	Quantify supply of care services Map geographic coverage of service availability to understand service gaps
Services provided by government	Teaching positions at pre-primary school in the shared modality of the public sector	Assess level of state provided educational care for children Defined in terms of specified time load (organised according to timetable hours), and specified tasks
Services provided by government	Working teachers at the shared modality in the pre-primary school in the public sector by sex and age group (pyramid)	Assess distribution of state provided educational care for children per sex and age group. Assess the proportion supplied by women Expressed as the relative weight of each age group and sex in relation to the total population.
Services provided by government	Percentage of shared modality at the pre-primary school teaching positions belonging to the organic functional plant (OFP) by sector of management	It is the number of positions, teaching hours and/or modules assigned administratively and in terms of budget to each of the educational establishments. Roles are classified as teaching and non-teaching.
Services provided by government	Care and development centres for children and dependent on the GCBA	Quantify supply and geographic coverage of care services

³ To find the full indicators list please see annex I and II

		Establishments that are not registered in the Official Register of Educational Establishments. Their purpose is to provide care and assistance to children and their families.
Services provided by government	Owned and contracted homes for children and adolescents	Quantify supply of housing for children Homes for children and adolescents are establishments that provide a place of residence that guarantees the provision of basic protection needs and the exercise of the rights of children and adolescents who need, on a temporary basis, an alternative living context to their own family
Services provided by government	People who intervene in child and adolescent care in GCBA's foster homes	People who take part in the care of children and adolescents in the GCBA's foster homes and shelters. They can be categorised according to the intensity of the care they provide. Operators, educators and caregivers are those who have the most contact and care for children and adolescents
Services provided by government	Centres per day for elderly people	Supply of care for self-sufficient elderly groups. The Daily Centres are spaces for self-sufficient elderly aged 60 + where a series of workshops and activities are offered to promote autonomy and active ageing.
Services provided by government	Retirement homes dependent on the GCBA	Supply of care and housing for the elderly.
Services provided by government	Special service units provides by public sector	Provision of an educational service at a location (site or annex) of an establishment. The establishments are public and private schools for shared and special needs recognised and supervised by the Buenos Aires City's Ministry of Education
Services provided by government	Public establishments of permanent residence for disabled people	Supply of care and housing for disabled people. Includes psychiatric hospitals dependent on the GCBA.

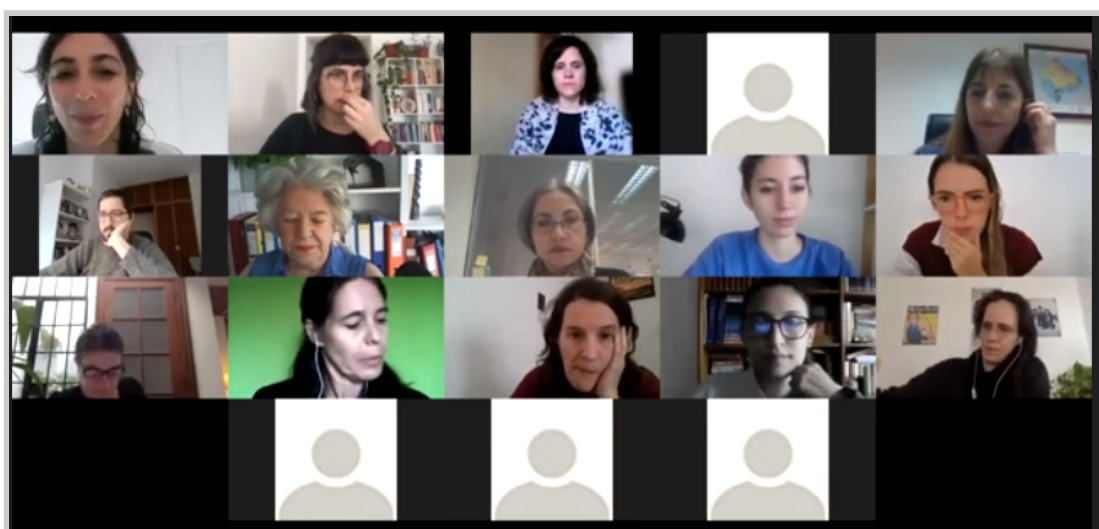
The system is structured along three interrelated dimensions that inquire into:

- **Potential demand for care** (population in need of care)
 - Who and how many people require care in the city of Buenos Aires?
- **Supply of care** (state, households, community, market)

- Who provides and how do they provide and offer care in the city of Buenos Aires?
- **Satisfied demand for care** (population receiving care)
 - Who receives care in Buenos Aires?

Children workshop

The [first workshop](#) was held on June 14th and worked on child care demand. According to the work carried out in partnership with [LatinAmerican team for Justice and Gender](#) (Equipo Latinoamericano de Justicia y Género, ELA), the population of children and adolescents is one of the groups most in need of care duties to the life cycle in which they find themselves, the percentage of the population they represent and the impact they have on families, the community, the market and governments.



June 14th - Children workshop organized by GCBA's Statistics Bureau in partnership with ELA and ODC

Several challenges emerged in the process of identifying data sources for a CIS:

Category	Challenge	Description
Sectoral	<ul style="list-style-type: none"> - Data collection (obstacles to collecting the data) -Lack of existing data collection 	<p>Data needs are highly specific. New data collection processes within institutions may be needed.</p> <p>For example, understanding the challenges faced by women/families that work shifts or at night requires data collection on care services to include a detailed breakdown of their own service availability, including whether services are provided on a regular full day or half day schedule, and the exact hours of coverage of the service.</p> <p>Understanding specifics of the quality of a service may require new data collection, such as recording the type of food provided in an establishment.</p>

		In sectors that do not have significant infrastructure and funding to create and manage data, particularly the informal economy, gaining a more detailed understanding of care services and labour practices can be a challenge.
Data lifecycle	-Data collection (lack of existing data collection process) -Frequency -Currency -Quality	Data from sources outside government are important for analysis, but also represent challenges of quality, frequency, and coordination. Non-official services, such as community centres, nurseries and private institutions - that are not part of the educational system - libraries, play libraries, and church institutions, need data infrastructure in place to begin data collection.
Jurisdiction	-Ownership	Some key data owners are outside the government and are not obligated to provide data (e.g. private sector care services).
Governance	-Collaboration -Harmonisation of data collection, indicator creation/monitoring, and policy cycles	Care services provided by the non-profit or private sector require strong data sharing agreements and protocols to ensure timeliness, quality, and standardisation
Geography	Mapping geographic coverage of services	Detailed information is needed on the location and coverage of services and institutions to enable mapping such as the Map of Care in the City , and conduct overlay analysis with transportation, education, and other city services

Key data needs identified by workshop participants:

- **Indicators to characterise households.** To understand the composition of families (single-parent households, headed by women or men, their size, the presence of other populations requiring care) and their differential needs, according to socio-economic level and access to resources (activity rate of people with children in their care).
- **Environments and the educational climate at home.** To learn about how the environment impacts children's development. In this sense, the socio-economic context of households is not the only determinant of child development, but is also linked to the family environment and parenting styles; socialisation and

access to spaces for interaction, sport and play (Tuñón, 2019)⁴

- **Supply of care.** The information contained in the CIS about official educational institutions should be complemented by those that provide non-official services such as community centres, nurseries and private institutions - that are not part of the educational system - libraries, play libraries, and church institutions. The workshop participants expressed the need to homogenise the information and organise the available care registers, which are currently disorganised and unofficial due to their very nature. These spaces became vitally important in the context of the COVID-19 pandemic, especially for lower-income sectors, whose incomes were most affected (Sanchis, 2020)⁵.
- **Infrastructure conditions, service availability, and service quality.** It is important to generate evidence on the surrounding environment of service establishments, including building infrastructure, hygiene and safety conditions. The type of working day (single or full) and the hours of coverage are also important in order to understand the consistency in supply of care, the balance between family and work responsibilities, and to the distribution of care tasks (especially for families that work at night or are headed by women). Service quality within institutions was important and it was suggested to include indicators on the type of food provided, nutritional health indicators, and child developmental evaluations.
- **Spatial coverage and co-location of services.** Map of educational institutions - such as the recent publication of the [Map of Care in the City](#) - makes possible the analysis of the spatial context in which care services are located, particularly overlaps with other challenges such as mobility and safety⁶.

It is very important to have information on child development in the City of Buenos Aires. Indicators would make it possible to generate an alerts system between care providers and health services, and thus more efficient coordination between government areas (Carolina Aulicino, UNICEF).

⁴ Information sources: Permanent Household Survey (conducted by the National Institute of Statistics and Censuses - INDEC); National Survey of Household Spending (INDEC); and the Argentine Social Debt Survey (Social Observatory)

⁵ <http://asociacionlolamora.org.ar/wp-content/uploads/2020/07/El-cuidado-comunitario-Publicacion-virtual.pdf>

⁶ Information sources: National Register of Community Kitchens and Soup Kitchens (RENACOM); Register of Welfare Educational Institutes; National Centre of Civil Society Organisations (CENOC); Register of effectors receiving subsidies (MDHyH, GCBA); National Register of Early Childhood Spaces.

- **Caregiver characteristics.** Evaluation of working conditions and hiring modalities is fundamental to understand the context in which care work is carried out. It is also important to analyse the distribution of positions inside the establishments (teaching and non-teaching; presence of head positions); the perceived income; and the roles and tasks; in order to assess the teaching career and the caregivers' trajectories. Also it's important to include information about education and training opportunities, as they influence the quality of care. Furthermore, there are differences in access depending on whether they are official system teachers or work in community centres, private or dependent on other institutions, where the training programme is limited. Finally, access to union representation emerged as a dimension to investigate, both for teachers and for workers in private homes.
-

The employment modality of caregivers in child care centres is very heterogeneous. It is characterised by informality and this generates much reticence to systematise the information in a unique register (Magali Yance, ILO).

- **Macroeconomic aspects and budget allocated in the public and private sector to care services.** It is suggested to advance, at least in an exploratory way, a measurement of the unpaid care work cost in households, understanding that it represents a greater and unequal burden for women.⁷
-

Considering that families account for more than 80% of all care work, it's essential to advance along these ways in order to quantify its economic value and the interdependencies between unpaid and paid work, and its production costs (Vanessa D'Alessandre, CIPPEC).

On the other hand, it is suggested to measure the public budget allocated to the initial level and to quantify other types of economic incentives for care services (such as day-care centres in the private sector). In addition, it would be important to survey leave usage for childbirth and adoption, and sick family care, both in the public sector and, hopefully, in the private sector.

- **Subjective dimension.** Focused on the necessity to generate official surveys to evaluate the unsatisfied and satisfied care services demand, whether provided by

⁷ An exercise of this type is being carried out at the national government level, based on the elaboration of an input-output matrix (National Ministry of Economy of Argentina, together with the ILO and CIEPP). Other initiatives have also made progress in the care cost calculation, such as that of Colombia (<https://sitios.dane.gov.co/SimuladorTDCNR/>) or the London Bank, whose model is beginning to be replicated in [Argentina by the ILO](#), according to the specialist interviewed (Magali Yance, International Labour Organisation ILO - 2021)

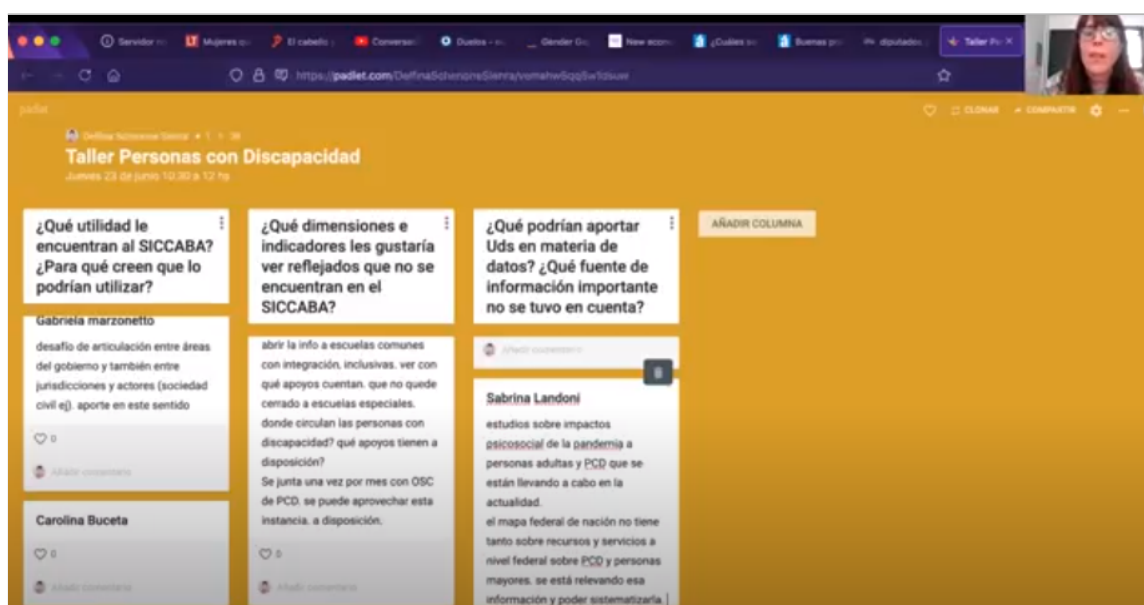
Buenos Aires City's government, private or community sectors. This is particularly relevant in the context of COVID-19 pandemic.

In 64.1% of the households (in Buenos Aires province) that increased their time spent at home, housework was carried out by women exclusively or with higher dedication (without considering single-person households)" (INDEC, 2020, pp.7-7).

"The tasks perceived to be the most overburdening are cleaning the house, caring for children, helping with homework and preparing meals" (UNICEF, 2020).

Disabled people workshop

The [second workshop](#) was held on June 17th and worked on care demand for disabled people. According to the ELA definition, disability "results from the interaction between persons with impairments and attitudinal and environmental barriers that prevent their full and effective participation in society" (UN, 2007). It means, "disability does not originate in the individual person, but results from society and the barriers it imposes" (ELA, 2020 p. 16). That definition breaks the regressive notion that only disabled people demand care, also they can provide it. Building indicators that reflect this conceptual framework means transforming the city into a "city that cares" and guarantees access to public services for all. (Duran, 2007).



June 17th - Disabled people workshop organized by GCBA's Statistics Bureau in partnership with ELA and ODC

To work on this, ELA and the attendants decided to disaggregate the indicators according to different types of disabilities, with the aim of characterising the supply and demand for care.

This is a very wide range of disabilities. It is necessary to disaggregate the information because the necessities are different, also the intensities, the services they receive and require are different (Gabriela Marzonetto, CIEPP, 2021).

Many dimensions and indicators were suggested by the attendants to be reflected in Care System Indicators:

- **Education system indicators.** It was suggested to measure the number of teachers dedicated to special education, and those who fulfil their role as integrators under the common modality, both in the public and private sectors. Also, it was recommended to survey the type of tasks performed by non-teaching staff, the type of working day (single or double) in educational establishments, especially in kindergartens that receive disabled people⁸.
 - **Supply measurement and register.** Systematic records that have useful information to characterise who attends, the type of provision, and who provides these services (p.e. non-school care services for disabled people)⁹
 - **Social networks of care services.** Disabled people are also providers of care who need support to guarantee their autonomy and access to care right.
-

People with disabilities are mentioned as care demanders, and it is necessary to see them as care providers. We must focus on what support they have to carry out these duties to care elderly people, children or other disabled people. (Carolina Buceta, REDI, 2021).

- **Care demand.** Knowing the type of disability, age groups, type, income and head of household, and health coverage will provide relevant information regarding the type of care services demanded by the population.

⁸ Information sources: Statistical yearbooks (ANDIS). Register of Welfare Educational Institutions (GCBA). Records of the Superintendence of Health Services. Records of the Superintendence of Labour Risks. Records of the Association of Special Educational Institutes.

⁹ Information sources: National Register of Providers of care and rehabilitation services for persons with disabilities (National Disability Agency). Records of the Superintendence of Health Services. PAMI registers.

It is necessary to know the number of disabled people attending other spaces that provide care and that are not covered by the system, such as community centres, play centres, day centres, rehabilitation centres, among others.¹⁰

"There isn't adequate information in Argentina on the situation of disabled children in the education system, with appropriate indicators that reflect their trajectory, and the barriers and obstacles they experience in access, permanence and graduation" (ACIJ, 2017 pp 14).

- **Qualifications and conditions dimension.** To know the characteristics of the educational buildings and care centres for disabled people. The profile and training background of staff working in common and special schools as well as in early childhood centres.

Working conditions should be incorporated into the education system, building conditions, knowing where and how the establishments are located. We must consider the ecosystem, the context in which the centre is located (Magalí Yance, ILO, 2021).

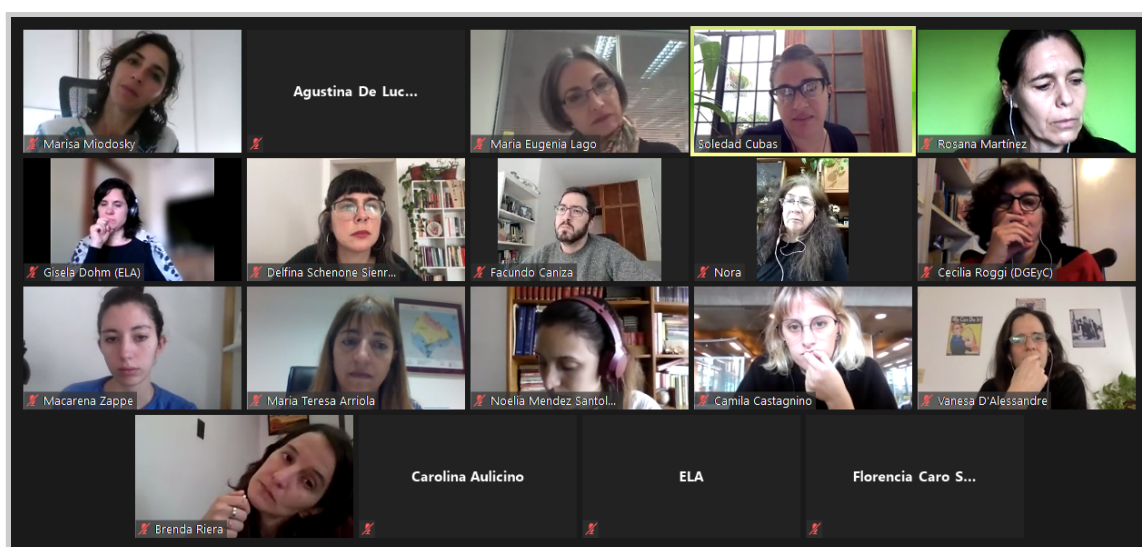
Another dimension emerged from the consultation with specialists was the capacity of the Buenos Aires City to provide accessibility infrastructure for disabled people.

"Working conditions should be incorporated into the education system, building conditions, knowing where and how the establishments are located. We must consider the ecosystem, the context in which the centre is located (Magali Yance, ILO, 2021).

Elderly people workshop

The last workshop focussed on the elderly and took place on June 23 th. Buenos Aires City is the district with the highest population ageing in the country, with elderly people comprising 16.4% of the city's population according to the 2010 National Census. In this way, the possibility of projecting the evolution of the demand for care in the city and knowing how it is met within households and through external and paid services are key elements for the design of effective and inclusive public care policies for elderly people.

¹⁰ Information sources: Records of support services in inclusive mainstream schools (COPIDIS). Registers of the Ministry of Human Development and Habitat (GCBA)



June 23th - Elderly people workshop organized by GCBA's Statistics Bureau in partnership with ELA and ODC

- **Care networks** that often extend beyond the core of the household and make it possible to understand the logic of assistance and resources allocated to care. In addition, there is the dimension of self-care and mutual care provided by older people living together.

The family is the main provider of care for the elderly people. Also, the cost of hiring a domestic worker or assistant to support them in the care of their relatives falls on their pockets (María Juieta Oddone, FLACSO, 2021).

- **Household characteristics.** It's important to measure the income received and the percentage of spending on care that is invested in families. The population should also be characterised according to their activity status (some still receive income from their economic activity) or retirement, and the type of social security they receive.
- **Subjective dimension.** This dimension, according to recent studies, is measured in indicators such as the presence of psychological discomfort (symptoms of anxiety and depression); the feeling of happiness; the existence of personal projects for the future. Older people who have affective and instrumental support in daily care tasks generally perceive greater subjective well-being.
- **Care provision.** The attendants recommended broadening the mapping of care provision to include other types of establishments such as retirement centres and

associations, clubs, squares, religious and community organisations, which play a central role in the provision of recreational and care activities for this population.

Also, it would be relevant to include the government as a service provider, calculating the subsidies granted and the services, such as home care providers and home carers. Along these lines, the private sector also offers a considerable network of assistance for the care of elderly people.

The family is the main provider of care for the elderly people. Also, the cost of hiring a domestic worker or assistant to support them in the care of their relatives falls on their pockets (María Juieta Oddone, FLACSO, 2021).

As mentioned for the previous populations, it is important to be able to characterise the supply of care in two ways. On the one hand, by measuring the building conditions and services offered by nursing homes and day care centres. On the other hand, by describing the working conditions, recruitment and training of the people who provide care in these establishments and at home.

The workshops were useful to enhance the work that the Statistic Bureau had been carrying out. Both to legitimise the validity and relevance of the indicators that show the organisation of care in the Buenos Aires City, and to identify missing dimensions. One of them was the information on the care community organisation, which is produced internally and is easier to collect, while other information will have to be built between the Buenos Aires City's government and the civil society organisations working on disabled people. Additionally, the workshops were a bridge for the government to generate new links that strengthen the project: training, funding opportunities, links with the private sector, among others.

Visualization of complex data

In the process of interacting and exchanging information with the three main groups who demand care, the Statistics Bureau decided to improve CIS platform through a new design. In the first stage they wanted to improve the indicators' evolution and their comparison, with the aim of building a better public policy to close the gender pay gap.

In the second stage, the objectives were to improve the way graphics are viewed, to allow a better legibility, to improve the CIS access and navigation to give more prominence and explanation to each indicator, achieve an understanding of the indicators and their meaning, achieve an understanding of the graphs and data, and enable easy and one-click export to PNG or CSV.

To work on this, GCBA's Statistics Bureau partnered with Genosha, a [local creative agency](#), who helped them walk through the different views to improve the platform's use and navigation. Weekly meetings with a technical consultant were conducted over a period of three months in order to design the new prototype of the CIS.

In the first month and a half we focused on [conceptual architecture information](#). Taking into consideration the main problem exposed by GCBA, the technical consultant based the architecture proposal on ordering and prioritising the information. To this GCBA had three requirements:

- Be **visually friendly and pleasant**, taking into account all 3 audiences (people not specialised in data; staff with some data specialisation of the GCBA's Statistic Bureau, and journalist or politicians who are interested in understanding the evolution of the indicators for some specific action of their discipline; GCBA's Statistic Bureau staff)
- Enhancing the value of **indicators from the beginning**. They recommended not to show all indicators together, but a range of the most prominent
- Making the CIS **Interactive platform to foster participation and usability** of the platform

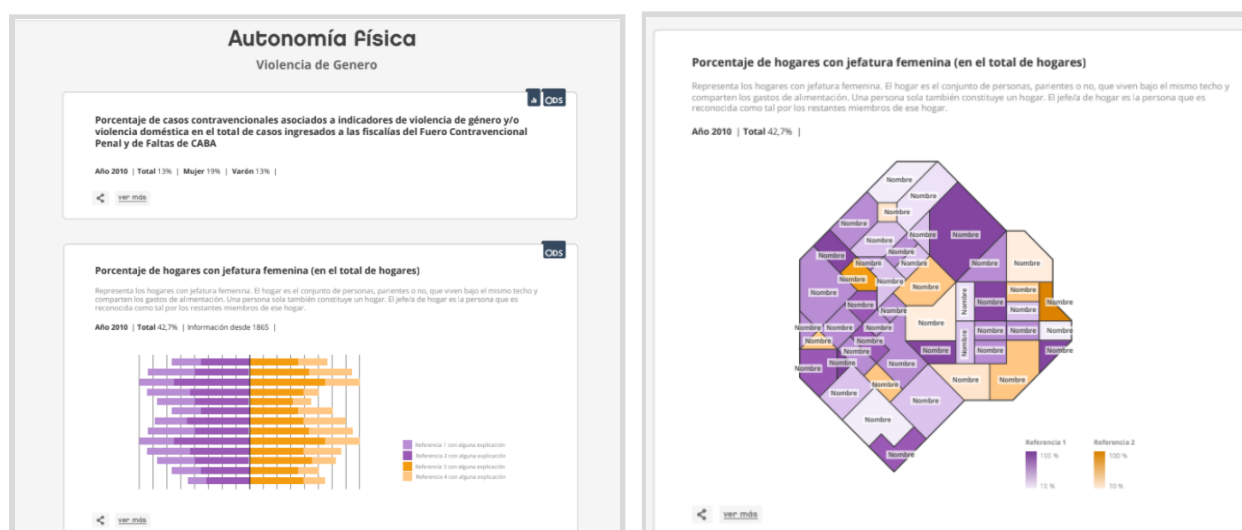
Although the main idea of ODC's support to the GCBA's Statistic Bureau was to develop visualisations from the cross-referenced data, GCBA decided to prioritise the development of a landing page that could organise the information especially for the government areas that use the data to make public policy decisions.

As a result of the meetings¹¹ between GCBA's Statistic Bureau, Genosha and ODC and after delving in the technical capabilities, Genosha ended up with a [first prototype](#) to be implemented in the second phase. Also the development de [UX mobile design](#):

¹¹ More information: https://drive.google.com/drive/folders/1TXCpGJbro9_-JefeZC9UJ3LSoMVcDNr1



The [new wireframe](#) displays the care indicators prioritised by the GCBA statistics office first, but without leaving out the rest of the information. These are located within a dimension and sub-dimension. The indicators also include graphs that visualise the care data in an orderly and user-friendly manner. It also provides information on the type of graph and the last update date. For indicators that are not highlighted, the user must access a second screen with more detailed information on the CIS as a whole.



In order to facilitate CIS usability and navigation, filters were incorporated for each of the autonomies (socio-demographic indicators, economic autonomy, physical autonomy, decision-making autonomy and public management indicators) and a search engine.

Then, a summary was included for each indicator with an explanatory description so that it can be understood by the less knowledgeable audience; and a button for downloading open data for users with more technical purposes. Finally, a section was added on the conceptual framework on which the system is developed, the priority in updating data and the importance of the indicators. We expect the CIS to be launched shortly (October/November),

Additionally, with our local partner ELA, ODC conducted five interviews and built personal stories of how the unequal distribution of care duties impacted her personal life, and unequal access to the labour. This also will include in the CIS that can then use the data and impact stories to inform the public policies under their orbit.

The [personal stories](#) can be accessed here. We're producing a blog summarizing key findings and will release in November.

Additionally, we built the [Buenos Aires City's case study](#) (output 2) to this experience inspires further conversations to build data sharing standards that allow the construction of statistics from registry information (collected by other Ministries and public agencies), , and to being useful for other cities or countries willing to develop a similar Indicators System.

At the moment to write this report the Care System Indicators is hosted in the internal governance system, we expect it will be published in November. Also we expect to continue the conversations with other cities (such as Bogota) and engage countries (such as Canada) for knowledge transfer, exchange experiences and share methodologies and lessons learned that can inform their projects and future activities.

Recommendations for OGP gender pay gap commitments

As part of Open Data Charter's project to promote a feminist open government approach to closing the gender pay gaps, ODC developed a guidance which aims to increase the share of countries with newpotentially transformative gender commitments. Specifically, to promote and reflect the ways in which governments collect, share, and use well-governed data, to respond effectively and accountability to close the gender pay gaps.

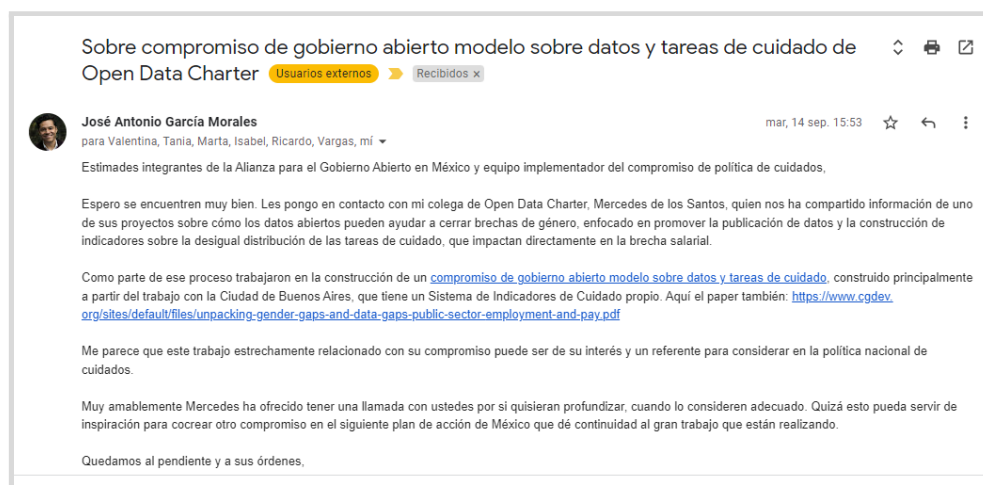
This factsheet contains an illustrative OGP commitment on gender pay gap to include in the Open Government Action Plan, which is one of the most critical areas for fighting gender inequalities. It was developed by the Open Data Charter based on the [OGP Handbook](#) and is focused on how data can show the unequal distribution of care tasks.

To see the full commitment template please see Annex III.

Objective #3: To identify policy entry points and influence commitments for addressing gender pay gaps in the public sector workforce, with a focus on countries in the global South.

In order to share the Buenos Aires City's government case study work and emerging findings with OGP local and national governments, we organized three virtual meetings with Allison Merchant, Senior Gender Advisor for the Open Government Partnership with the aims to demonstrate to interested governments an example OGP commitment on the gender pay gap that can be included in Open Government Action Plans. In attendance was the Mexican OGP Multistakeholder Forum which has a National Action Plan [commitment](#) on Care National Policy. The Mexican care commitment prescribes a pilot project for a coordinated care policy in three municipalities and a citizen monitoring mechanism to serve as evidence for the creation of comprehensive care policies across the country.

Additionally, they're planning to co-create a second phase of this commitment for their coming National Action Plan. We expect that the findings from Buenos Aires City's engagement can provide useful narratives and impact stories that can inform others that attempt to replicate the project.



Email send by OGP country support to Mexico Multistakeholder Forum



Reply from Mexico Multistakeholder Forum

Generation Equality Forum

On June 17th, we participated in the Intergenerational dialogue hosted by EPIC and UN Woman. Together with a small group of speakers, Natalia discussed what an intersectional lens tells us about the pay gap and How we can collectively reduce the gap and promote decent work for women in all their diversity. Building on the work developed with the Care indicators, Natalia presented the perspective gained by the implementation of the project amid the pandemic and the shifts that it brought to the care work.



June 30th -ODC's participation in the Generation Equality Forum

International Equal Pay Day

On September 18th, around International Equal Pay Day, with the participation of Marisa Miodosky, BA City Statistic Bureau; Florencia Serale, ODI's senior advisor we [launched a public social media campaign](#) through ODC's twitter account to highlight that a big part of achieving equal pay for equal value is a shift in how we see and value care work. We wanted to take advantage of the celebration to raise awareness about the impact of care work on the existing global pay inequality. Especially after seeing the effect of the pandemic on them. For this, we invited people from our network to answer the following questions:

- What does a care-led recovery mean to you?
- How was your experience working from home during the pandemic while access to schools and care services were restricted? Did this time change your own view about care work?
- What would you like to change about how companies/people think and care about care work?



Sept 18 th - International Equal Pay Day - ODC's twitter account

Economic recovery should put care work at the centre of all discussions. Understanding care tasks from their effect on the economy, but also from the physical, emotional aspects. Also promote public policies that aim to develop care infrastructure and improve the supply of services to take into account the different care activities (Florencia Serale, ODI).¹²

The recording of the videos can be [found here](#) together with the twitter cards.

¹² <https://twitter.com/opendatacharter/status/1440267021363515395>

Reflection and future opportunities

In this section we provide reflection on project success and potential for broader application of the methods.

Workshops as a primer for cross-sectoral collaboration

The workshop discussions were important in demonstrating the need for engagement between government and non-government stakeholders, as well as the need for collective problem definition and scoping. Through the workshop discussions, stakeholders expanded each others' view of the size, scope, and complexity of the care sector itself - uncovering different dimensions of care they had not considered individually. This helped stakeholders assess what key variables were missing (for indicators) more and identify required data. Without this type of cross-sectoral engagement, the government stakeholders may have been challenged to expand their view of data beyond non-profit or private actors. Key details and nuances were raised that led to more data collection requirements, such as the need to understand the qualifications and experience of professional caregivers, which was only possible through this collaboration space created for stakeholders.

The workshops were also a success at creating new collaborative relationships amongst stakeholders. Several stakeholders including local CSOs (Economía Femini(s)ta, CIPPEC and ELA), academia (Centro Interdisciplinario para el Estudio de Políticas Públicas -CIEPP-) and international organizations (UNICEF and ILO) maintained collaboration post-project to continue the work on indicators.

Challenges for expansion

While it is possible to achieve success with individual governments on the creation of statistical indicators, the next level of impact in this work lies in achieving harmonisation of indicators across multiple levels of government. This requires collaboration and serious commitments at a larger scale.

Two issues remain challenges to cross-jurisdictional collaboration. First is the policy cycle and existing priorities. For collaboration to occur at larger scales, closer alignment of priorities is required in order to secure commitment of action. Secondly, governments in different stages of development of their own care indicators present a challenge of coordination and incentives. Our case study presentation to the City of Bogota did not receive immediate interest, in part because their indicator system was more advanced than anticipated and incentives to collaborate were therefore low. However, opportunities

remain to engage cities without an existing indicator system and build on learnings from the work with Buenos Aires.

Opportunities for scaling

The care sector is highly varied and complex, with public and private service providers, interactions between households and state welfare systems, the influence of the education sector, and more. The workshops highlighted significant gaps in data collection on the care economy.

This suggested two opportunity areas for scaling: expanded government agency collaboration, and introduction of the private sector. Workshop methods can be expanded and tested with the participation of more government agencies responsible for related issues (such as education) as well as private sector service providers who may have significant data contributions for an indicator system. OGP Actions Plans are one approach to creating policy incentives for care indicators.

Conclusion

With our work with the City of Buenos Aires concluded, we expect their new Care Indicator System to be published in Q4 2021.

We will continue to engage other cities in the region (such as Bogota) to learn from their experiences in developing care indicators and explore opportunities for continuation of care indicator development with other jurisdictions. We will also engage our network of Open Data Charter country adopters (such as Canada) to share knowledge and lessons learned, with the secondary aim to broaden the awareness of efforts across Global North and South countries.

**The project was carried out with the support of IDRC.*

Annex

I. Care System indicators full list

Care supply indicators

Category	Indicator	Usage
Services provided by government	Service units (centres and annexes) at the pre-primary school of the shared modality in the public sector	Supply of care services Map geographic coverage of service availability to understand service gaps
Services provided by government	Teaching positions at pre-primary school in the shared modality of the public sector	Assess level of state provided educational care for children Defined in terms of specified time load (organised according to timetable hours), and specified tasks
Services provided by government	Working teachers at the shared Modality pre-primary school in the public sector by sex and age group (pyramid)	Assess distribution of state provided educational care for children per sex and age group. Assess the proportion supplied by women Expressed as the relative weight of each age group and sex in relation to the total population.
Services provided by government	Percentage of shared modality at the pre-primary school teaching positions belonging to the organic functional plant (OFP) by sector of management	It is the number of positions, teaching hours and/or modules assigned administratively and in terms of budget to each of the educational establishments. Roles are classified as teaching and non-teaching.
Services provided by government	Care and development centres for children and dependent on the GCBA	Quantify supply and geographic coverage of care services Establishments that are not registered in the Official Register of

		Educational Establishments. Their purpose is to provide care and assistance to children and their families.
Services provided by government	Owned and contracted homes for children and adolescents	Supply of housing for children Homes for children and adolescents are establishments that provide a place of residence that guarantees the provision of basic protection needs and the exercise of the rights of children and adolescents who need, on a temporary basis, an alternative living context to their own family
Services provided by government	People who intervene in child and adolescent care in GCBA's foster home	People who take part in the care of children and adolescents in the GCBA's foster home and shelters. They can be categorised according to the intensity of the care they provide. Operators, educators and caregivers are those who have the most contact and care for children and adolescents
Services provided by government	Centres per day for elderly people	Supply of care for self-sufficient elderly group. The Daily Centres are spaces for self-sufficient elderly aged 60 + where a series of workshops and activities are offered to promote autonomy and active ageing.
Services provided by government	Retirement homes dependent on the GCBA	Supply of care and housing for the elderly.
Services provided by government	Special needs schools provides by public sector	Provision of an educational service at a location (site or annex) of an establishment. The establishments are public and private shared and special needs schools, recognised and supervised by the Buenos Aires City's Ministry of Education
Household	Participation rate in unpaid childcare work aged 0-13 years by selected characteristics	Refers to the rate of participation in childcare activities by other members of the household.
Household	Participation rate in unpaid childcare	It refers to the participation in unpaid

	work aged 0-13 years by people employed	childcare work in households and its connection with labour market insertion.
Household	Average concurrent time (per participant) in unpaid care work for household children 0-13 years old	Average time spent daily, from Monday to Sunday, on unpaid care work for household members aged 0-13 years in the 14-year-old population
Household	Average concurrent time (per participant) in unpaid childcare work aged 0-13 years by persons employed in the labour market	Average time spent daily, from Monday to Sunday, on unpaid care work for household members aged 0-13 years in the 14-year-old population by persons employed in the labour market
Household	Caregivers of children and adolescents in foster families	Caregivers inside foster families
Household	Participation rate in unpaid care work of household members who have a long-term physical or mental impairment and require special or continuous care	Family members who care disabled people
Household	Average concurrent time (per participant) in unpaid care work for household members who have a long-term physical or mental impairment and require special or continuous care	Average concurrent time (per participant) of family members who care disabled people
Household	Participation rate of the population (14 years and over) in unpaid help to other households	Unpaid work done in other households aside from their own
Household	Average concurrent time (per participant) in unpaid assistance to other households	Average concurrent time (per participant) in unpaid home help to other households
Services provided by a market	Service units (centres and annexes) at pre-primary school of the shared modality in the private sector	Provision of an educational service at a location of a public/private institution.
Services provided by a market	Teaching positions at pre-primary school in the shared modality of the private sector	Teaching positions in the private sector, with an allocated budget line and assigned tasks per person.
Services provided by a	Working teachers at the shared	Teachers at pre-primary school by sex

market	modality pre-primary school in the public sector by sex and age group (pyramid)	and age
Services provided by a market	Percentage of shared modality pre-primary school teaching positions belonging to the human resources structure	Teaching positions at pre-primary school belonging to the human resources structure
Services provided by a market	Private permanent residential homes for elderly people	Private permanent residential homes for elderly people
Services provided by a market	Places available in private permanent residential for elderly people	Places available in private permanent residential for elderly people
Services provided by a market	Average number of places available per private retirement homes	Average of available places per private retirement homes
Services provided by a market	Gerontological Assistants registered in a consolidated register by area of residence.	Gerontological assistants register
Services provided by a market	Care institutions for disabled persons	Institutions which provide care for disabled people
Community	Pensioners' and Retirees' Centres provided by community-based organizations	registered in the Formal Registry of Community Organisations
Community	Community groups that receive support from the GCBA to provide food services (in %)	Centre for Pensioners and Retired Persons registered in a unique register
Community	People working in community groups supported by the GCBA to provide food services (in %)	People and staff working in the community groups

II. Care attendant demand indicators

Category	Indicator	Usage
Services provided by government	Enrolment in the public sector shared modality ¹³ early education level by age of the classroom	Enrolment refers to the student registered in accordance with the pedagogical and administrative rules in force in an educational unit. Shared modality refers to classes where special needs

¹³ Shared modality refers to classes where special needs children share lessons with those that don't have special needs

		children share lessons with those that don't have special needs.
Services provided by government	Enrolment in the shared modality initial level attending double shifts by management sector (in %)	It refers to the weight of the enrolment of the initial level of the shared modality in each class.
Services provided by government	Average number of pupils enrolled in the public sector shared modality at the initial level by service unit	Population aged 0 to 5 years attending a shared modality early education establishment by age of the class (in %)
Services provided by government	Population aged 0 to 5 years attending a shared modality at the initial level by age of the class (in %)	Ratio between the enrolment in each age group of the state sector's shared modality early education classroom and the total estimated population of that age group, per 100.
Services provided by government	Population enrolled in GCBA's early childhood care and development centres.	These are establishments that are not registered in the Official Register of Educational Establishments. They provide children and family care and assistance
Services provided by government	Population percentage of 4 to 12 year olds enrolled in GCBA's holiday camps	Percentage of the population attending summer camps
Services provided by government	Children and Adolescents accommodated in foster homes and GCBA's shelters	number of children and adolescents attending GCBA-managed foster homes and shelters.
Services provided by government	Daily average of people attending GCBA's daily centres	Number of elderly who attend daily centres
Services provided by government	Average daily number of elderly people staying in permanent homes dependent on the GCBA.	Ratio between the total annual number of attendees for each centre, and the days of the year on which each centre operates.
Services provided by	Average monthly number of elderly	Refers to elderly who receive a

government	receiving home care subsidies	subsidy for care work.
Services provided by government	Disabled people with disability certificates.	Certificate validated by GCBA
Services provided by government	Enrolment in the public special needs school	Number of attendant in special needs school
Services provided by government	Average of students enrolled in public special needs schools education by service unit	The average of attendant in special needs schools
Services provided by government	Special needs schools percentage enrolment attending the public sector	Refers to the weight of students enrolled in an establishment of the special modality in each management sector
Services provided by foster homes	Households with persons aged 0-13 receiving no external help for care tasks (in %)	Ratio of households that do not receive external childcare assistance to total households with at least one person aged 0-13 years, per 100.
Services provided by foster homes	Households with persons aged 0-13 receiving unpaid family help for care (in %)	Refers to households with children who have (unpaid) help from a relative who does not reside in the household.
Services provided by foster homes	Households placed in Foster Family Care	Total number of children and adolescents accommodated in foster homes and shelters
Services provided by foster homes	Homes with presence of persons with a long-term physical or mental health requiring special or continuous care, who do not receive external help for care (in per cent)	Ratio of households receiving no external care assistance to total households with persons with long-term physical or mental health requiring continuous or special care, per 100.

Services market	provided by	Enrolment in the private sector shared modality early childhood education by age group	Quantify number of students in pre-primary school in shared modality ¹⁴ .
Services market	provided by	Enrolment in the shared modality in the pre-primary school attending double shifts by sector (in %)	Ratio between the total number of pupils registered in each shift and the total number of pupils registered, per 100.
Services market	provided by	Average number of pupils enrolled in the private sector shared modality in the pre-primary school by service unit	Ratio between the number of students enrolled in schools, at the pre-primary, primary and secondary school, of the charged modality and the total number of educational establishments of the same modality, in each boroughs
Services market	provided by	Population aged 0 to 5 years attending at private pre-primary school in the shared modality (in%)	Number of children aged 0 to 5 years old in private pre-primary school in shared modality
Services market	provided by	Homes with persons aged 0-13 receiving (paid) care assistance (in %)	Number of homes with children aged 0-12 receiving financial assistance for care
Services market	provided by	Elderly people in Buenos Aires City private retirement home	Total number of elderly placed in Buenos Aires City private retirement home
Services market	provided by	Enrolment of the private special needs schools	Total number of students registered in special needs schools, per geographic zone and sector
Services market	provided by	Percentage of the enrolment at private special needs schools	Ratio of private sector schools enrolment to total special needs modality, per 100.
Services market	provided by	Average number of students enrolled in the private special needs modality, per service units	Ratio between the number of students enrolled in educational establishments, at the pre-primary, primary and secondary school, of the special needs modality and the total number of educational establishments of the same modality, per geographic area.
Community		Benefit holders in feeding stations supported by the GCBA (in %)	Persons in charge of feeding stations, per geographic zone

¹⁴ See footnote 14

III. OGP Commitment Template

Commitment Template	
Closing gender pay gaps	
Commitment Start and End Date (E.g., 31 October 2021 - 31 October 2022)	
Lead implementing agency/actor	Statistic Bureau of Buenos Aires City Government
Commitment description	
What is the public problem that the commitment will address?	<p><i>Describe the social, economic, political, or environmental problem addressed by the commitment. When available, include baseline data and contextual facts when available.</i></p> <p>Gender pay gaps stem from a combination of disproportionate unpaid care work responsibilities that keep women out of the workforce or limit the time they can devote to paid work; occupational sex segregation where women and men concentrate in different sectors, with women-dominated sectors being less lucrative; and gender bias that ends up favoring men in hiring and promotion. Gender pay gaps are rooted in systemic discrimination, and reinforce the structural disadvantages faced by women and girls in the labor force and within society.</p> <p>Moreover, in the public sector worldwide, women account for 47% of employees, 41% of the wage bill, and 34% of senior officials. That's better than the private sector, but still suggests considerable gaps, especially at senior levels. In low-income countries, less than one out of every four dollars of public sector pay goes to women.</p> <p>Globally, women account for 57% of the lowest-paying public sector jobs across countries compared to 38% of the highest paid public sector jobs. That said, the same numbers for the private sector are 50% and 22% respectively, suggesting the public sector may see comparatively limited inequality across countries.</p>

	<p>Women are overrepresented in lower-level positions such as clerical support workers, while there is also a noticeable decline in women's representation in higher-paying positions as senior officials and managers. Women who are senior officials in the public sector in low-income countries experience a sharp decline of 44 points when compared to the number of women who are clerks. The higher presence of women in lower paying occupations contributes to gender differences in wages.</p> <p>One of the clearer ways in which the pay gap is visibilized is through the disproportionate care duties held by women. Women make up the majority of those that develop both paid and unpaid care duties.</p> <p>There is increasing evidence that claims that investing in the care sector could bring benefits for the economy and society at large. It could help to create new jobs (particularly for women), increase productivity or boost higher economic growth. If implemented with a gender perspective and focused on care workers, it could encourage more gender equality and push for better educated and cared children that will grow into happier adults.</p> <p>In this scenario, accurate evidence to reckon potential care needs and to plan/redesign care policies and programs that will contribute to promote a more cohesive society and reduce gender gaps remains critical.</p>
What is the commitment?	<p><i>Describe what the commitment entails, its expected results, and overall objective.</i></p> <p>Advance on the publication of care data and make progress towards a 'gold standard' of regular publication of how care supply and demand are distributed:</p> <p>This data would include information about :</p> <ol style="list-style-type: none"> I. Sociodemographic indicators disaggregated by gender (population and family/households by gender) II. Economic autonomy indicators disaggregated by gender (Access to economic resources; inserción laboral; pay gaps; unpaid work; access to care system) III. Physical autonomy indicators disaggregated by gender (access to sexual and reproductive health and health care; gender violence)

	<p>IV. Decision-making autonomy indicators disaggregated by gender (Comparable wage data (hourly/prorated yearly), comparable benefits data; Age, years of experience and education.; Disaggregation by gender and any applicable ethnic/race and disability status classifications to the lowest institutional level (department, for example) to preserve anonymity where this is the relative norm, or at the individual level where norms allow.</p>
<p>How will the commitment contribute to solving the public problem?</p>	<p><i>Describe how the commitment will contribute to solving the problem or change government practice towards addressing the problem.</i></p> <p><i>Tip: In order to do this, explain how the commitment will be implemented. Provide a clear description of how the milestones listed will achieve what the commitment sets out to do and obtain the expected results that will contribute to solving the problem.</i></p> <p>Care is understood as the essential activities for the reproduction of the socially necessary living conditions of people. These activities involve physical and symbolic aspects necessary to live in society and determine the labour market participation of women.</p> <p>A significant number of countries are missing gender disaggregated data on paid employment by major occupation groups and care collective data, which is an essential information to transform the reality and close gender gaps.</p> <p>As the available cross-country data is geographically limited, it does not allow for within-country comparison across levels or departments of government, nor does it include information on part-time work. More fine-grained and timely gender-disaggregated data on wages and employment in the public sector could be the basis for considerable learning, as well as a spur to action: there is some evidence that transparency regarding wages and employment at a granular enough level can help improve gender equality outcomes.</p>

Why is this commitment relevant to OGP values?	<p>This commitment contributes to OGP's Strategic Vision of Open Government, specifically because opening up government is a one of the view for accelerating gender equality and closing critical gaps in information, access, and participation.</p> <p>Incorporating a gender perspective in the public statistical information is fundamental to make visible the gender gaps that exist in our society. Publishing this information, in turn, constitutes a key element for decision-makers in the elaboration of public policies.</p>
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Milestone Activity with a verifiable deliverable	Start Date:	End Date:
Mapping the different stakeholders involved in the care economy, and mapped them out identifying their role in the ecosystem (data producers or users), sector (public, private, academia, etc) that participate in the provision of care		
Hold training sessions for public officials to share concepts and approaches to the topic		
Conduct interviews with key informants from local CSO's, academia and international organizations to gather further insights and identify other non-government stakeholders..		
Hold meetings with data stewards from the other public agencies, and retrieved several data sets available to identify their incentives for sharing data and get on board to the project		
Conduct three workshops - three main groups that demand for care: children, elderly and disabled people. - with stakeholders (private sector, civil organizations and community) to share the indicators, methodologies and expected data to be published, and make sure it met their		

demands and expectations.			
Design a platform to publish the data and show the information through graphics, narratives and visualizations that can be understood by everyone.			
Contact information			
Name of responsible person from implementing agency			
Title, Department			
Email and Phone			
Other Actors Involved	State actors involved	Policy makers, policy implementers, parliamentarians, judicial branch officials, gender agencies.	
	CSOs, private sector, multilaterals, working groups	<ul style="list-style-type: none"> • Gender civil society organizations • Journalists • Academics • Data activists • Gender activists • Social movements 	